

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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7						
8						
9						
10						
11						
12						
= 13						
14						
15						
16	1					
17						
18						
19						
20	1					
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	24	←	↓	←	↓	←
TOTAL CLAIMS	27	██████	██████	██████	██████	██████

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
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97						
98						
99						
100						
TOTAL IND.					←	↓
TOTAL DEP.					←	↓
TOTAL CLAIMS		██████	██████	██████	██████	██████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS